

### PROOF OF CLAIM

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Name of Debtors<br><input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation<br><input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation<br><input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation<br><br>*place an "x" beside the name of the Debtor you are filing a claim against   |  | Case Number<br>00-35078-H2-11<br>00-35079-H2-11<br>00-35080-H2-11  |  | Creditor ID#: 788-22267   |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property):<br><br>Gayla J Tarver  |  | Check box if you are aware that anyone else a filed a proof of claim relating to your claim.<br>Attach copy of statement giving particulars.   |  | United States Bankruptcy Court<br>Southern District of Texas<br>FILED<br><br>AUG 17 2000<br><br>Michael N. Milby, Clerk |  |
| Name and address where notices should be sent:<br><br>*****AUTO**ALL FOR AADC 740<br>Michael A. Finerty, Attorney<br>P.O. Box 1542<br>Muskogee, OK 74402<br>  |  | Check box if you have never received any notices from the bankruptcy court in this case  |  |   |  |
|   |  | Check box if the address differs from the address on the envelope sent to you by the court.  |  |   |  |
| Account or other number by which creditor identifies debtor:<br>Court Claim # 200-109254 Workers Compensation<br>Court State of Oklahoma  |  | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____  |  |   |  |
| 1. Basis for Claim<br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>WORKERS COMPENSATION BENEFITS</u>  |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (Fill out below)<br>Your SS#: <u>440</u> - <u>72</u> - <u>9437</u><br>Unpaid compensation for services performed from _____ to _____<br>(date) (date)  |  |   |  |
| 2. Date debt was incurred: <u>12/23/99</u> <u>DATE OF ON THE JOB INJURY</u>   |  | 3. If court judgment, date obtained:   |  |   |  |
| 4. Total Amount of Claim at Time Case Filed: \$ <u>Unknown</u><br>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.<br><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |  |  |   |  |
| 5. Secured Claim.<br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br><br>Brief Description of Collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle<br><input type="checkbox"/> Other All personal and intangible property of Debtor's Estate<br><br>Value of Collateral: \$ _____<br><br>Amount of arrearage and other charges at time case filed Included in secured claim, if any \$ _____ |  | 6. Unsecured Priority Claim.<br><input type="checkbox"/> Check this box if you have an unsecured priority claim<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)<br><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____).<br>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |   |  |
| 7. Credits: - The amount of all payments on this claim has been credited and received for the purpose of making this proof of claim.  |  | This Space is for Court Use Only   |  |   |  |
| 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |  |  |   |  |
| 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |  |  |   |  |
| Date<br><u>8/14/00</u>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):<br><u>MICHAEL A. FINERTY Attorney Michael Finerty</u> |  |  |   |  |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.   |  |  |  |   |  |